

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</div> <div>Substitute for Form PTO-1360 (For use with Form PTO/SB/06)</div>							Application Number 10583596		Filing Date				
							Applicant(s) David Evoy						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3		3		0								
Total Depend	17		17		0								
Total Claims	20		20		0								

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